

**STATE OF ALABAMA  
DEPARTMENT OF INSURANCE  
FRATERNALS  
FEES RETURN**

Filed With the Annual Statement for the  
Year Ending \_\_\_\_\_

NAIC#: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

FEIN#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

Amount of Fee paid to renew Certificate of Authority PI

\$ \_\_\_\_\_

Amount of Fee paid to file Annual Statement

PJ

\$ \_\_\_\_\_

## SL

For the Period Ending \_\_\_\_\_

**Address** \_\_\_\_\_

PAGE NO. from worksheet	GROSS PREMIUM	RETURN PREMIUM	NET PREMIUM
TOTAL			\$

SEAL

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STATE OF ALABAMA  
DEPARTMENT OF INSURANCE

PG

**Retaliatory Tax Statement**  
for the Year Ending December 31, \_\_\_\_\_

**INSTRUCTIONS**

**PENALTIES:** Any Company failing to file its Premium Tax Return (even when no tax is due) or failing to pay such taxes on a timely basis shall be subject to a penalty of \$1,000 to \$10,000, to be assessed by the Commissioner.

**RETURNS POST MARKED ON THE DUE DATE WILL BE ACCEPTED.**

**Please use the following checklist to assure that all the necessary items are included with your Tax Filing.**

- ( ) Include supporting calculations for Retaliatory Statement, i.e. a retaliatory statement from the Insurer's state of domicile.
- ( ) Make checks payable to: Alabama Department of Insurance. **WE DO NOT HAVE AN EFT ACCOUNT AT THIS TIME.**
- ( ) Please mail Retaliatory Tax Statement and Check to the address below:

**POSTAL SERVICE**

Alabama Department of Insurance  
c/o Compass Bank  
P. O. Box 830691  
Birmingham, AL 35283-0691

**COURIER OR EXPRESS SERVICE**

Alabama Department of Insurance  
c/o Compass Bank  
701 South 32<sup>nd</sup> Street  
Birmingham, AL 35233

NAIC#

Name of Company

Company's Mailing Address

Preparer's Name and Title (Print)

Telephone Number

**RETALIATORY COMPUTATION**

**When by the laws of any other state, the aggregate taxes and fees which are imposed upon Alabama insurers are in excess of the aggregate taxes and fees imposed by Alabama upon similar insurers of such other state, the same taxes and fees imposed by such state shall be imposed by Alabama on the insurers of such other state.**

- |    |  |                |   |
|----|--|----------------|---|
| 1. | Amount of tax due your state by a similar Alabama insurer                          | \$ _____       | Your state of domicile premium tax rate _____ |
| 2. | Annual Statement filing Fee imposed upon a similar Alabama insurer                 | \$ _____       |   |
| 3. | License renewal fee due for a similar Alabama insurer                              | \$ _____       |   |
| 4. | Other taxes and fees imposed upon a similar Alabama insurer                        | \$ _____       |   |
| 5. | <b>TOTAL (lines 1 - 4)</b>   | \$ _____       |   |
| 6. | Total TAXES you owe figured on an Alabama basis                                    | \$ _____       |   |
| 7. | Total fees you owe figured on an Alabama basis                                     | \$ _____       |   |
| 8. | <b>TOTAL (lines 6 and 7)</b>   | \$ _____       |   |
| 9. | <b>TOTAL RETALIATORY TAXES DUE</b><br>(line 5 less line 8, if negative enter zero) | PG--- \$ _____ |   |